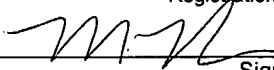


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|---|----------------------------------|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) CIBT-P03-130 | |
| Application Number 10/683547 | | Filed | October 10, 2003 |
| For BIOSYNTHETIC BINDING PROTEINS FOR IMMUNO-TARGETING | | | |
| Art Unit 1641 | | Examiner Not Yet Assigned | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 \$ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$420.00 | \$210.00 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$950.00 | \$475.00 \$ |
| <input checked="" type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1,480.00 | \$740.00 \$ 1,480.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2,010.00 | \$1,005.00 \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 54,408 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | | | |
|  Signature | | September 3, 2004 Date | |
| Melissa S. Rones, Ph.D. Typed or printed name | | (617) 951-7653 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | |
| <input type="checkbox"/> Total of 1 forms are submitted. | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/13/04 Signature:  (Ginny Blundell)